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TO: Commissioner for Patents
FAX NO.: 703-872-9306
FROM: John M. Kelly
DATE: 12/15/03
MATTER: Serial No. 09/695,898 Filed: 10/24/00
DOCKET NO.: DIVA/175
APPLICANT: Gordon

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<input type="checkbox"/> Petition	<input type="checkbox"/> Transmittal Letter (2 copies)
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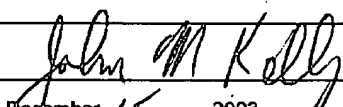
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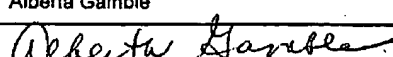
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/695,898	
	Filing Date	10/24/00	
	First Named Inventor	David Birks et al.	
	Group Art Unit	2613	
	Examiner Name	Lee, Y. Young	
Total Number of Pages in This Submission	8	Attorney Docket Number	DIVA/175(19880-000810)

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
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Signature	
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